## ILLINOIS WORKERS' COMPENSATION COMMISSION COMMISSION REVIEW BOARD COMPLAINT FORM

ATTENTION. Please type or print.

Employee/Petitioner	<u></u>	Case # WC
v.		
Employer/Respondent		
Petitioner's name	Street address	City, State, Zip code
Date of birth	Email address	Last 4 digits of SSN or Alien Reg #
Employer's name	Street address	City, State, Zip code
Briefly explain your complaint:	:	
		ion of a personal nature from the files of individuals s any and all records that relate to this complaint.
Signature	Name (printed)	Date